PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2010 SEP 16 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (05/10)

DOCUMENT # L03000030792

1. Limited Liability Company's Name
Pianos Direct LLC

2. Principal Office Address - No P.O. Box #
285 W. Central Parkway
Suite, Apt. #, etc.
#1720
City & State
Altamonte Springs
Zip 32714 Country US

3. Mailing Office Address
Same
Suite, Apt. #, etc.
City & State
Zip Country

4. State/Country of Formation
Florida / US
5. Date Organized or Qualified To Do Business in Florida 8/18/03
6. FEI Number 11-3701643 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent
Name: Elizabeth Kenney
Street Address (P.O. Box Number is Not Acceptable): 285 W. Central Parkway
Suite, Apt. #, Etc.: #1720
City: Altamonte Springs State: FL Zip Code: 32714

700184200787
08/13/10--01039--019 **30.00

700184200787
09/13/10--01001--012 **100.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Elizabeth Kenney REGISTERED AGENT MUST SIGN Date 9/15/10

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MgMbr	Elizabeth Kenney	112 Cedar Point Ln	Longwood, FL 32779
	REINSTATEMENT -10		

11. E-mail Address: E-KpianosD@Aol.com (To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager Elizabeth Kenney Date _____ Daytime Phone # 407-774-2667

Typed or printed name of signing Managing Member/Manager Elizabeth Kenney

C.L.